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National Leader in Health Savings Accounts
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OptumHealth
Financial Services™

HSA
First HSA

Kansas Association of Health Underwriters Registration Form

Please complete this form and submit it to:

K.A.H.U.—Attention: Scott Day, 2525 NW Topeka Blvd., Topeka, KS 66617

Phone: (785) 291-0200 • Fax: (785) 291-0202 • Email: sday@dayins.net • Web: <http://www.kahuks.org/>

REGISTRATION DETAILS

Please Print Clearly

- No cancellation refunds will be issued after seven (7) days prior to the event.
- Registration transfers are allowed up to the day of the event.
- **Please fax registration only once to ensure you do not receive duplicate charges.** You can email or phone us directly for confirmation of registration receipt. **Fax to (785) 291-0202**

Name: _____ SSN (for CE Credits) _____

Address: _____

Phone: _____ Email: _____

State Insurance License Number (*License number required*): _____

Please check which events you plan to attend

Consumer Directed Health Care Certification Course

Location: **Savior Pastoral Center**
12601 Parallel Pkwy, Kansas City, KS 66109

Date: **September 17, 2010** Time: **8:05am—11:55am**
(Registration from 7:30am—8:00am)

Attending: Not Attending:

FEES: **KAHU/KAIA Member** \$145.00

Non-Member \$170.00

Wellness Certification Course

Location: **Savior Pastoral Center**
12601 Parallel Pkwy, Kansas City, KS 66109

Date: **September 17, 2010** Time: **1:05pm—3:00pm**
(Registration 7:30am or 12:30pm)

Attending: Not Attending:

FEES: **KAHU/KAIA Member** \$70.00

Non-Member \$80.00

PAYMENT METHOD

CHECK made payable to "KAHU". Please mail check with registration form.

CREDIT CARD (Circle One) Visa MasterCard

Card Number: _____ Exp: _____ CHC Code (3 digit) _____

Name as it appears on card: _____

Billing Address: _____

Signature _____

Date: _____ Amount: _____

By signing this form, I authorize KAHU to charge my credit card for the above amount